

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)
HOSPITAL BEDS STANDARD ADVISORY COMMITTEE (HBSAC) MEETING**

Thursday, November 12, 2020

Zoom Meeting

APPROVED MINUTES

I. Call to Order

Chairperson Groseclose called the meeting to order at 9:34 a.m.

A. Members Present and participating remotely:

Jennifer Groseclose, Chairperson – Munson Healthcare – Grand Traverse County
Chad Grant, FACHE, Vice-Chairperson – McLaren Health Care – Genesee County
Stephen Anderson Blue Cross Blue Shield of Michigan (BCBSM) – Oakland County
Jennifer Eslinger – Henry Ford Health System (HFHS) – Wayne County
Joel Flugstad – Spectrum Health – Kent County
Synnomon Harrell, International Union, UAW – Wayne County
Linda Larin, FACHE, MBA – University of Michigan Health System (UMHS) – Washtenaw County
David McEwen – Detroit Medical Center (DMC) – Oakland County
Doug Roehm – Strategic services Group – Oakland County
Kelly Smith – Trinity Health Michigan – Washtenaw County
Tammie Steinard, RN, BS, BSN MHA, ONC – Ascension Michigan – Oakland County
Carolyn Wilson – Beaumont Health – Muskegon County

B. Members Absent:

Glenn King, MSN, RN, MBA – MidMichigan Health

C. Michigan Department of Health and Human Services Staff present:

Tulika Bhattacharya
Joette Laseur
Beth Nagel
Tania Rodriguez
Brenda Rogers

II. Introduction of Members and Staff

Ms. Rogers completed a roll call, and individuals identified themselves and the county which each was attending remotely from.

III. Declaration of Conflicts of Interests

Ms. Wilson stated that Beaumont Health has filed an appeal for LAA beds.

IV. Review of Agenda

Motion by Mr. Anderson, seconded by Mr. Grant to accept the agenda as presented. Motion carried.

V. Basic CON Overview

Brenda Rogers provided an overview of the Michigan Certificate of Need Program. (Attachment A)

VI. Review and Discussion of the Charge

Chairperson Groseclose reviewed the charge assigned to the SAC. (Attachment B)

Discussion followed.

VII. Next Steps

Paul Delamater will provide a presentation on the limited access areas and the methodology at the December meeting.

A subcommittee will review charge 2. The subcommittee will consist of Mr. Flugstad, Ms. Larin, Ms. Steinard, Mr. McEwen, and Chairperson Groseclose.

The Department will draft the language for charge 3.

A subcommittee will review charge 4. The subcommittee will consist of Ms. Smith, Mr. Flugstad, Ms. Larin, Ms. Steinard, Ms. Eslinger, and Chairperson Groseclose.

The Department will provide a presentation/data for charge 5 for the December meeting.

VIII. Future Meeting Dates

January 21, 2021; February 11, 2021; March 11, 2021; April 15, 2021; & May 6, 2021

IX. Public Comment

None.

X. Adjournment

Motion by Ms. Wilson, seconded by Mr. Flugstad to adjourn the meeting at 10:50 a.m. Motion carried.



Michigan Certificate of Need

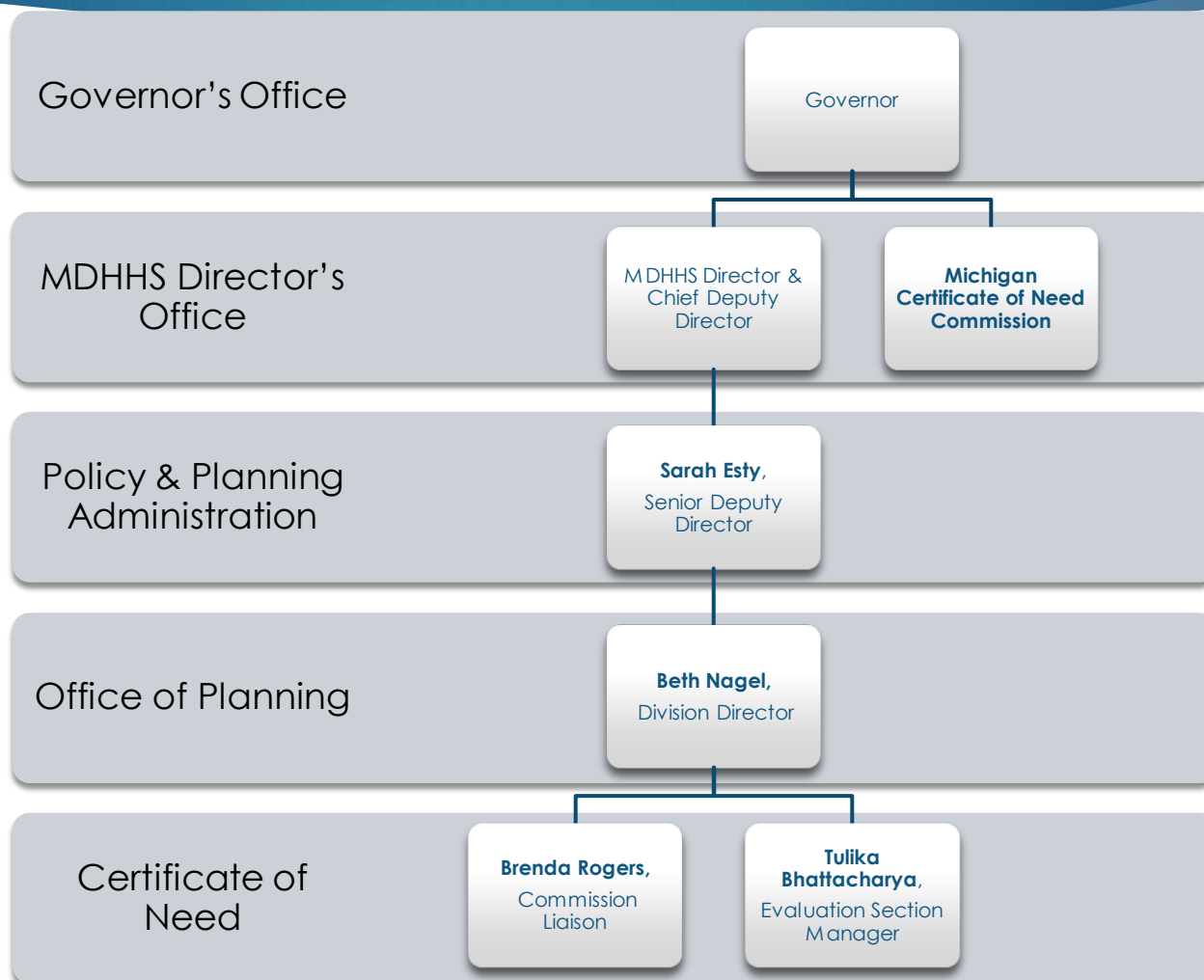
HOSPITAL BEDS STANDARD ADVISORY COMMITTEE (SAC)

NOVEMBER 12, 2020

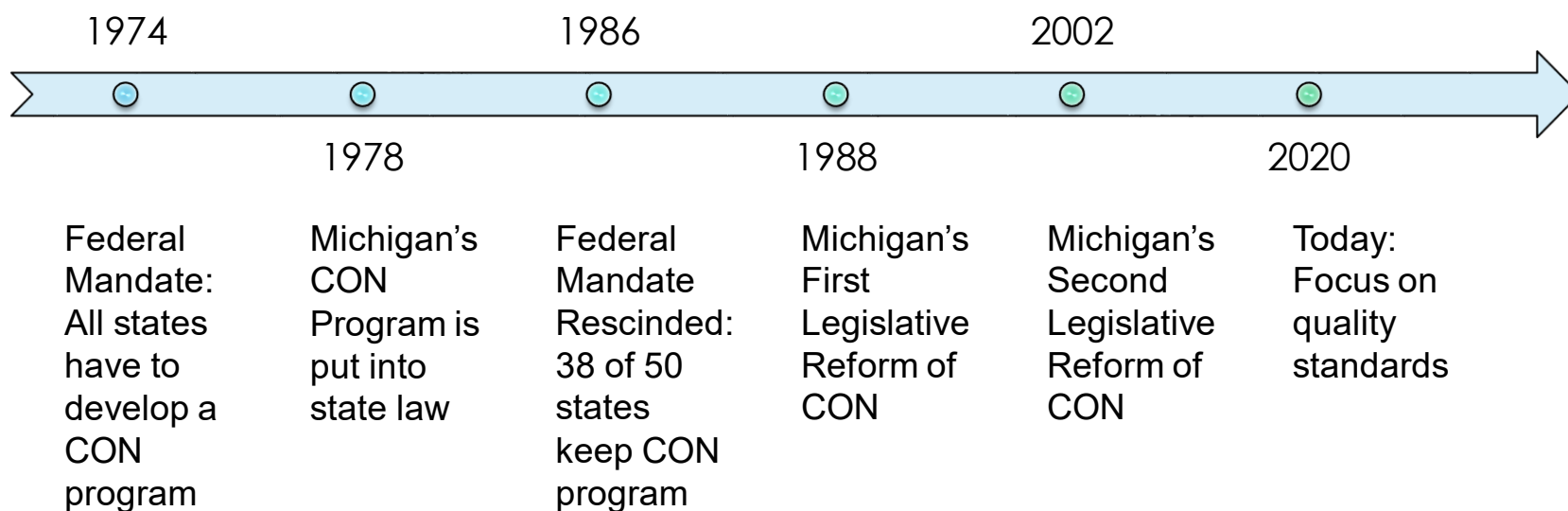
What is Certificate of Need?

- ▶ A health service & equipment regulatory program
- ▶ Created by state law
- ▶ Intended to balance cost, quality and access by ensuring that only needed health services are developed in Michigan
- ▶ Administered by the Michigan Department of Health and Human Services
- ▶ Governor-appointed Commission develops and updates standards

Organization



Michigan Certificate of Need History



What is Certificate of Need?

- ▶ A healthcare provider must apply for a Certificate of Need in order to operate one of the 15 covered clinical services

CON Covered Clinical Services

Air Ambulance Services (helicopters only)	Cardiac Catheterization Services
Computed Tomography (CT) Scanners	Hospital Beds
Magnetic Resonance Imaging (MRI)	Megavoltage Radiation Therapy (MRT)
Neonatal Intensive Care Units (NICU)	Nursing Home Beds
Open Heart Surgery Services	Positron Emission Tomography (PET) Scanners
Psychiatric Beds (Acute Inpatient)	Surgical Services
Transplant Services: Bone Marrow, Heart, Lung & Liver	Urinary Lithotripter Services

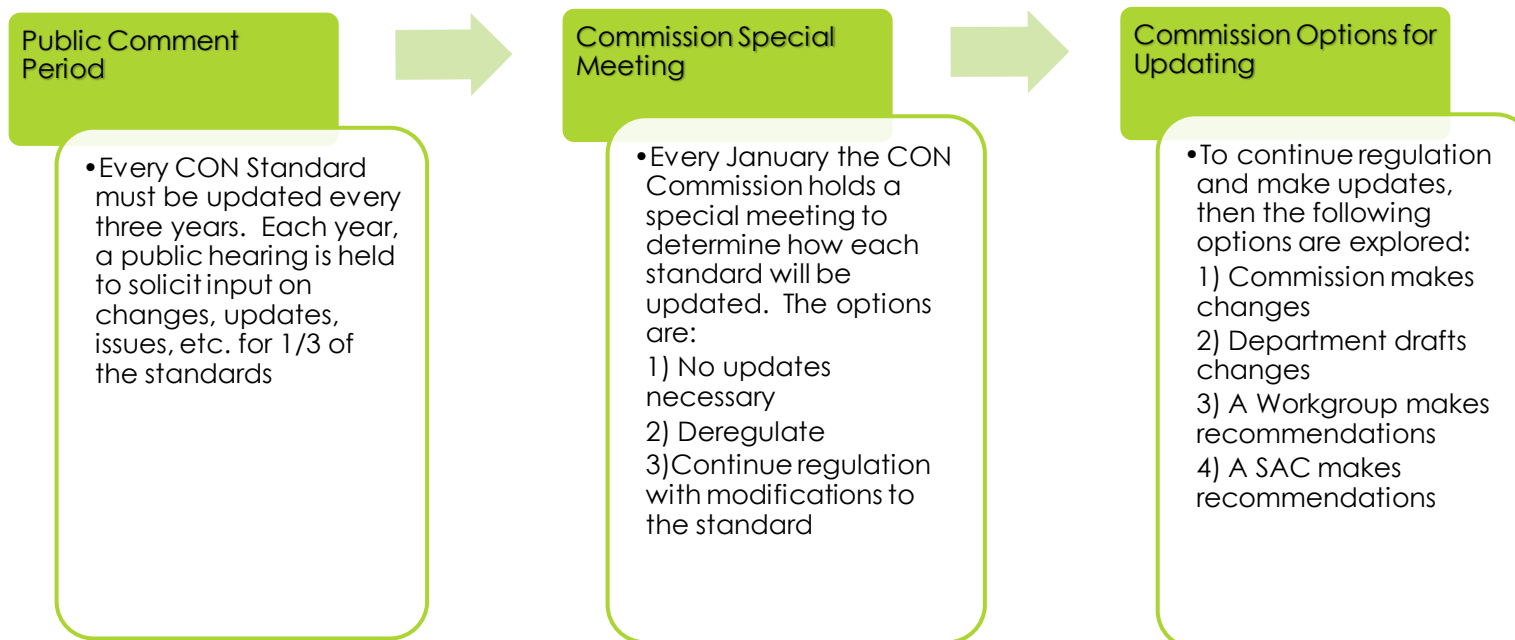
Obtaining a Certificate of Need

- ▶ In order to be approved for a Certificate of Need in Michigan, a provider must:
 - ▶ Meet Michigan CON criteria outlined in the corresponding CON standard
 - ▶ Demonstrate “need” per the corresponding CON Standard
 - ▶ Agree to specific project delivery requirements
 - ▶ Agree to meet specific service volumes
 - ▶ Provide data to MDHHS regularly for the life of the service
 - ▶ Apply for another CON before specific changes are made to the service (relocation, replacement, acquisition, for example)
 - ▶ Understand that a CON can be revoked

The Certificate of Need Standards

- ▶ Created and updated by CON Commission
- ▶ Must be updated at least every three years
- ▶ Are prospective (not retroactive)
- ▶ Contain specific requirements to initiate, replace, acquire, relocate (as necessary)
- ▶ Contain Project Delivery Requirements

CON Standard Update Process



Standard Advisory Committees

- ▶ Deliver recommendations to the CON Commission based on a specific “Charge”
- ▶ Composition outlined in statute
 - ▶ Made up of 2/3 of subject matter experts
 - ▶ Must include representatives of 1 each of consumers; providers; payers and purchasers
- ▶ Must complete work within 6 months of first meeting date
- ▶ All meetings open to the public and comply with Michigan Open Meetings Act
 - ▶ If a quorum of the SAC members is present at any gathering, this becomes a public meeting

HOSPITAL BEDS

Attachment A

STANDARD ADVISORY COMMITTEE (SAC) REVISED CHARGE

Approved by the Certificate of Need (CON) Commission Chairperson as Delegated by the CON Commission on September 17, 2020

The Hospital Beds SAC is charged to review and recommend any necessary changes to the Hospital Beds CON Standards regarding the following:

1. Review the requirements and provisions for limited access areas.
2. Evaluate whether patients who are in a licensed bed, and who are or may become observation status, should be included/excluded in the patient count.
3. Add definition “Verifiable data” which is already used in the Surgical Services standards. Department can draft language.
4. Review possible modification to the replacement zone definition.
5. Review how the emergency CONs were handled during the pandemic and if changes need to be made.
6. Consider any other technical changes from the Department, e.g., updates or modifications consistent with other CON review standards and the Michigan Public Health Code.

In its deliberations of the above-mentioned charges, the SAC shall consider and report on how each recommendation addresses healthcare cost, quality and/or access in Michigan.

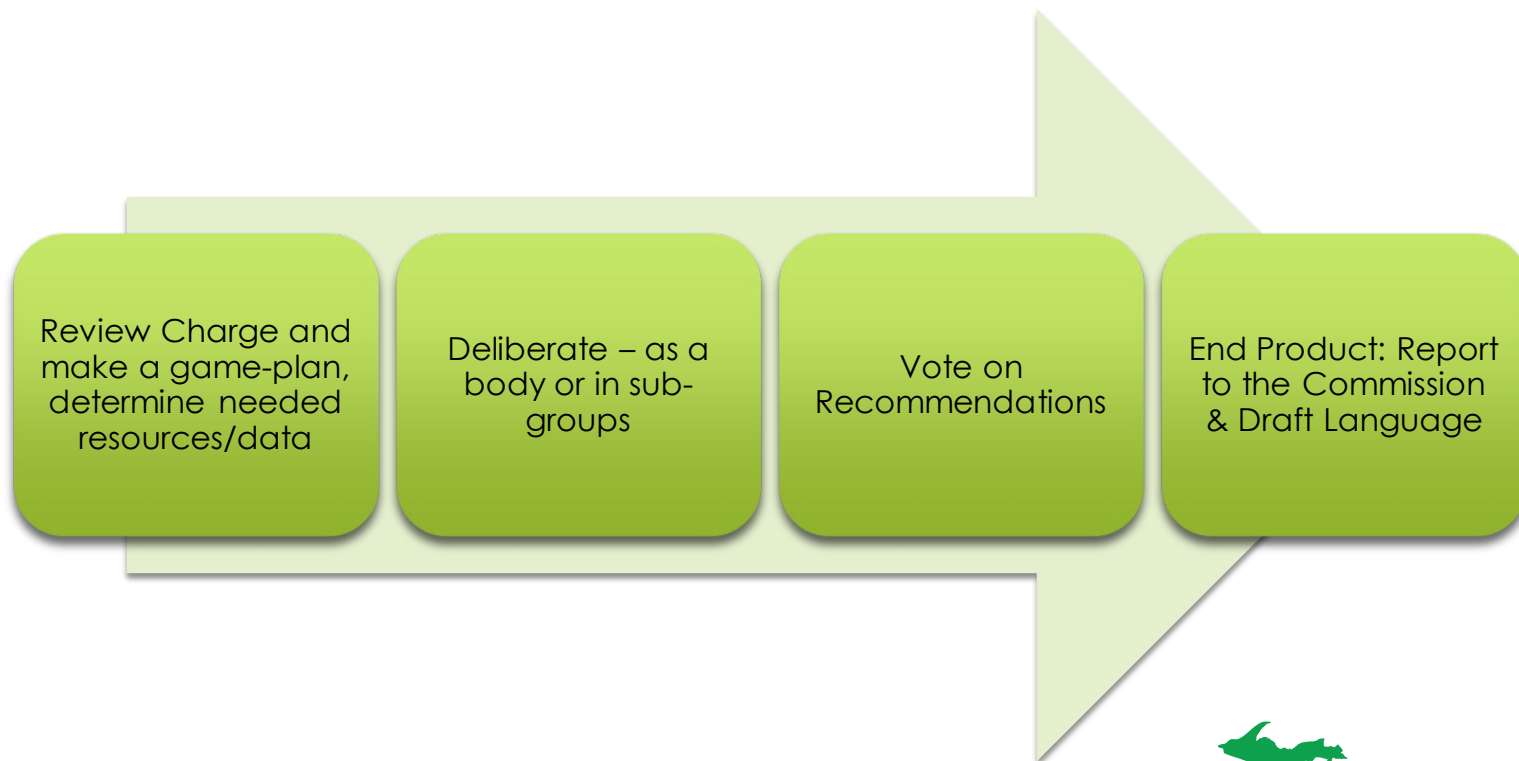
Where did the Charge come from?

- ▶ Public Comment Period in October
 - ▶ Acceptance of written comments/testimony by MDHHS on behalf of the Commission
 - ▶ Commission members and MDHHS staff review all of the comments/testimony received
 - ▶ Recommendations offered to the Commission by the Department
- ▶ CON Commission develops and approves the final charge to the SAC

Standard Advisory Committee Operations

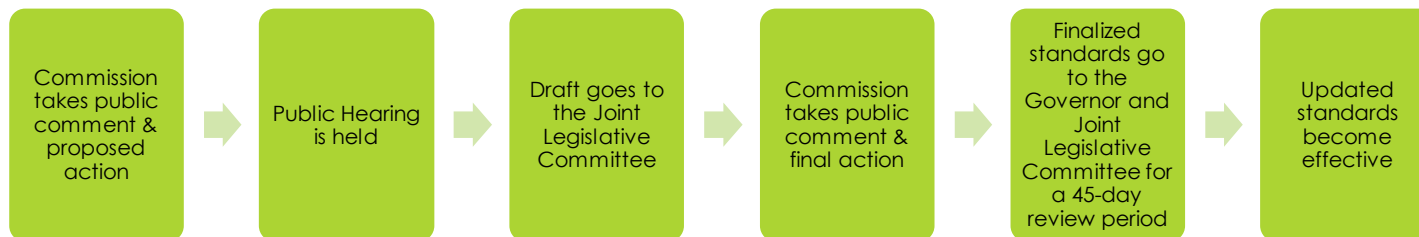
- ▶ Operates using modified Roberts' Rules.
- ▶ The Chair, Vice-Chair or a designee (SAC member) appointed by the Chair can run the meeting.
- ▶ A physical quorum is necessary to conduct business.
- ▶ Although SAC members may participate by phone; phone participation is not included in the quorum count or a vote. (At this time, all SAC members are participating via Zoom.)
- ▶ A quorum is defined as a majority of the members appointed and serving.
- ▶ Final recommendations are made by the SAC to the CON Commission. The SAC presents a written report and/or final draft language.

SAC Recommendations Process



After the SAC...

- ▶ Recommendations presented to the Commission
- ▶ Commission may:
 - ▶ Accept the Recommendations
 - ▶ Make modifications
 - ▶ Reject the Recommendations
- ▶ If changes to the Standard are to be made, then:





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[Child & Adult Provider Payments](#)
[Child Care Fund](#)
[Child Welfare](#)
[Contractor Resources](#)
[Community & Faith-Based Programs](#)
[Forms & Applications](#)
[MIBridges Partners](#)
[Health Care Providers](#)
[Certificate of Need](#)
[Civil Monetary Penalty \(CMP\) Grant Program](#)
[Community Mental Health Services](#)
[Departmental Forms](#)
[Health Professional Shortage Area](#)
[High Utilizers](#)
[HIPAA](#)
[Institutional Review Board](#)
[International Medical](#)

MDHHS / DOING BUSINESS WITH MDHHS / HEALTH CARE PROVIDERS / CERTIFICATE OF NEED

What's New

- Capital Expenditure Threshold for 2019
- Instructions for using e-Serve with Internet Explorer 10

How Do I?

Select a question, get an answer.

Online Tools

Select an Application or Tool

Find It Now

Select from the Quick Find List

Commission

- 2019 Michigan CON Meetings
- 2020 Michigan CON Meetings
- 2019 Commission Minutes, Public Testimony, and Transcripts
- Meetings, Minutes, Public Testimony, and Audio by Calendar Year
- Commission Overview and Members
- Standard Advisory Committees (SAC)
- Informal Workgroups
- New Medical Technology Advisory Committee (NEWTAC)
- Resource Documents

Resources

- CON Administrative Rules
- Advisories
- Administrative Hearing Rules
- Part 222 of MI Public Health Code
- Part 201 of MI Public Health Code
- Review Standards
- 2019 Brochure

Reports

- Activity Reports
- Annual Reports
- Bed Inventories
- MRI Utilization List
- Survey Reports



Search



Assistance Programs

Adult & Children's
Services

Safety & Injury
Prevention

Keeping Michigan
Healthy

Doing Business with
MDHHS

Inside MDHHS

Doing Business with
MDHHS

Birth, Death, Marriage
and Divorce Records

Boards and
Commissions

Bridge Card
Participation

Child & Adult Provider
Payments

Child Care Fund

Child Welfare

Contractor Resources

Community & Faith-
Based Programs

Forms & Applications

MI Bridges Partners

State Health
Assessment

Health Care Providers

Certificate of Need

Civil Monetary Penalty
(CMP) Grant Program

MDHHS / DOING BUSINESS WITH MDHHS / HEALTH CARE PROVIDERS / CERTIFICATE OF NEED

Standard Advisory Committees (SAC)

Pursuant to MCL 333.22215, a Standard Advisory Committee (SAC) may be appointed by to the Certificate of Need (CON) Commission. The purpose of the SAC is to advise the Commission regarding development of proposed CON [Review Standards](#).

The committees are composed of a two-thirds majority of experts in the subject matter, representatives of health care provider organizations concerned with licensed health facilities or licensed health professions, and representatives of organizations concerned with health care consumers, and the purchasers and payers of health care services. An individual cannot serve on more than two SACs in any two-year period and cannot be a registered lobbyist under 1978 PA 472, MCL 4.411 to 4.431.

All SAC meetings are posted on the [Meetings Page](#) and are open to the public.

2020 SACs

Cardiac Catheterization SAC

[Charge](#)

[Membership Roster](#)

[Meeting Dates:](#)

8-27-20 - [Agenda & Minutes](#)

9-24-20 - [Agenda](#)

10-22-20 - [Agenda](#)

11-19-20

12-17-20

1-14-21

2-18-21

Hospital Bed SAC

[Charge](#)

[Membership Roster](#)

[Meeting Dates:](#)

11-12-20

12-3-20

1-21-21

2-11-21

3-11-21

4-15-21

5-13-21



HOSPITAL BEDS

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